

Docket No. 0575/48075-B-PCT-US/JPW/AJM/NS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Timothy Bestor
 Serial No. : 09/051,013 Examiner: D.J. Steadman
 Filed : October 9, 1998 Group Art Unit: 1652
 For : CHIMERIC DNA-BINDING/DNA METHYLTRANSFERASE NUCLEIC ACID
AND POLYPEPTIDE AND USES THEREOF

Mail Stop RCE
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: March 18, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

XX Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	9 -	* 47 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	4 -	** 7 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$180	\$360	=		
				TOTAL ADDITIONAL FEE			\$ 0	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
☐ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time
☒ Other (identify): Request for Continued Examination (RCE) transmittal
form in duplicate

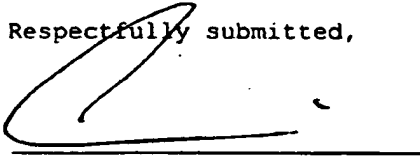
THE TOTAL FEE DUE IS \$ 395.00

- ☒ A check in the amount of \$ 395.00 is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

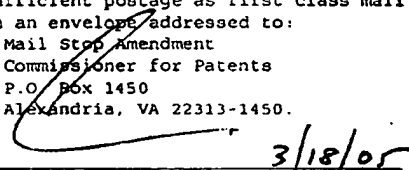
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,


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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.


Alan J. Morrison
Reg. No. 37,399

3/18/05
Date